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**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA , 22313-1450 on 13 July 2006  
Jeannie Camara

(Typed or Printed Name of Person Mailing Paper or Fee)

Jeannie Camara  
(Signature of Person Mailing Paper or Fee)



**PATENT APPLICATION**  
**Attorney Docket No. SUN-P8985**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

IN RE PATENT APPLICATION OF )  
Michael J. Koster ) Examiner: Barton, Jonathan A.  
Serial No. 10/726,787 ) Group Art Unit: 2186  
Filing Date: 2 December 2003 )  
Title: METHOD AND APPARATUS FOR )  
IMPLEMENTING CACHE COHERENCE )  
WITH ADAPTIVE WRITE UPDATES )

**AMENDMENT TRANSMITTAL LETTER**

Mail Stop: Amendment  
Assistant Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- [x] Response under 37 C.F.R. § 1.111 to official action mailed 23 June 2006.
- [ ] A petition for extension of time is also enclosed with a fee of \$55.00 for a one-month extension for a small entity.
- [ ] Terminal disclaimer under 37 C.F. R. § 1.321(c), including
  - [ ] check for \$130.00 fee under 37 C.F.R. § 1.20(d), and
  - [ ] 2 certificates under 37 C.F.R. § 3.73(b).
- [x] 1 Replacement Drawing.
- [x] No additional claims fees are required.

☐ An additional fee is required, and is calculated as shown below:

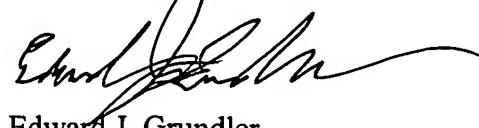
AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDTL FEE
Total Claims		MINUS = 20	0	x \$18 =	
Independent Claims		MINUS = 3	0	x \$78 =	
If Amendment adds multiple dependent claims, add \$260.00					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0.00

- ☐ A check in the amount of \$\_\_\_\_ is enclosed.
- ☐ Charge \$\_\_\_\_ to Deposit Account No. \_\_\_\_ (Docket No. \_\_\_\_).
- ☒ Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. SUN-P8985).

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Respectfully submitted,

By



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Date: 13 July 2006